

Officeholder, Candidate,
and Controlled Committee
Campaign Statement — Long Form

(Government Code Sections 84200-84216.5)

Type or print in Ink.

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- ☒ Pre-election Statement
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
☐ Special Odd-Year Campaign Report
☐ Semi-annual Statement
☐ Termination Statement (Attach a completed Form 415 to this statement.)

**I Officeholder, Candidate, and Controlled Committee
Included in this Statement**

NAME OF OFFICEHOLDER OR CANDIDATE

David P. Warner

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Member, Lodi City Council

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

711 Willow Glen Dr.

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Lodi CA 95240 (209)368-5175

COMMITTEE NAME

Committee to Elect David P. Warner

I.D. NUMBER

942721

COMMITTEE ADDRESS (NO. AND STREET)

711 Willow Glen Drive

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Lodi, CA 95240 (209)368-5175

NAME OF TREASURER

David P. Warner

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

711 Willow Glen Drive

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Lodi CA 95240 (209) 368-5175

II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Oct. 4, 1994 At Lodi CA
DATE CITY AND STATE

By David P. Warner
SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Oct. 4, 1994 At Lodi CA
DATE CITY AND STATE

By David P. Warner
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission

COVER PAGE ONG FORM

CALIFORNIA 1994 FORM 490
RECEIVED
SEP 35 PM
Page 1 of 5
For Official Use Only

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

David P. Warner

| | | |
|--|--|------------------------------------|
| Statement covers period from <u>July 1, 1994</u> through <u>Sept. 30, 1994</u> | | CALIFORNIA 1994 FORM 490 |
| Page <u>2</u> of <u>5</u> | | |
| I.D. NUMBER 942721 | | |

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW) | Column C TOTAL TO DATE (ADD COLUMNS A + B) |
|---|--------------------|--|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ 4029.00 | \$ | \$ 4029.00 |
| 2. Loans Received | Schedule B, Line 7 | \$ -0- | \$ | \$ -0- |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ 4029.00 | \$ | \$ 4029.00 |
| 4. Non-monetary Contributions | Schedule C, Line 3 | \$ -0- | \$ | \$ -0- |
| 5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) | Add Lines 3 + 4 | \$ 4029.00 | \$ | \$ 4029.00 |
| 6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) | Schedule D, Line 7 | \$ -0- | \$ | \$ -0- |
| 7. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 5 + 6 | \$ 4029.00 | \$ | \$ 4029.00 |

Expenditures Made

| | | | | |
|--|--------------------|------------|----|------------|
| 8. Cash Payments (Other than Loans Made) | Schedule E, Line 5 | \$ 1990.53 | \$ | \$ 1990.53 |
| 9. Loans Made | Schedule H, Line 7 | \$ -0- | \$ | \$ -0- |
| 10. SUBTOTAL CASH PAYMENTS | Add Lines 8 + 9 | \$ 1990.53 | \$ | \$ 1990.53 |
| 11. Accrued Expenses (Unpaid Bills) | Schedule F, Line 5 | \$ -0- | \$ | \$ -0- |
| 12. TOTAL EXPENDITURES MADE | Add Lines 10 + 11 | \$ 1990.53 | \$ | \$ 1990.53 |

Current Cash Statement

| | | |
|-------------------------------------|---|------------|
| 13. Beginning Cash Balance | Previous Summary Page, Line 17 | \$ -0- |
| 14. Cash Receipts | Column A, Line 3 above | \$ 4029.00 |
| 15. Miscellaneous Increases to Cash | Schedule I, Line 4 | \$ -0- |
| 16. Cash Payments | Column A, Line 10 above | \$ 1990.53 |
| 17. ENDING CASH BALANCE | Add Lines 13 + 14 + 15, then subtract Line 16 | \$ 2038.47 |

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD
NOT BE A NEGATIVE AMOUNT

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

| | | |
|------------------------------|--|--------|
| 18. LOAN GUARANTEES RECEIVED | Schedule B, Part I, Column (b) | \$ -0- |
| 19. Cash Equivalents | See Instructions on reverse | \$ -0- |
| 20. Outstanding Debts | Add Line 2 + Line 11 in Column C above | \$ -0- |

Cash Equivalents and Outstanding Debts

| | | |
|----------------------------|------------------|-------------|
| | 1/1 through 6/30 | 7/1 to Date |
| 21. Contributions Received | \$ | \$ 4029.00 |
| 22. Expenditures Made | \$ | \$ 1990.53 |

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|--|--|------------------------------------|
| Statement covers period from <u>July 1, 1994</u> through <u>Sept. 30, 1994</u> | | CALIFORNIA 1994 FORM 490 |
| Page <u>3</u> of <u>5</u> | | |
| NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE | | I.D. NUMBER <u>942721</u> |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) | OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | CUMULATIVE TO DATE OTHER (IF APPLICABLE) |
|------------------|---|--|-----------------------------------|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SUBTOTAL \$

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ -0-
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 4029.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 4029.00

Schedule Payments and Contributions (Other Than Loans) Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|--|------------------------------------|
| Statement covers period from <u>July 1, 1994</u> through <u>Sept. 30, 1994</u> | CALIFORNIA 1994 FORM 490 |
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

David P. Warner

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING | "G" - GENERAL OPERATIONS AND OVERHEAD |
| "I" - INDEPENDENT EXPENDITURES | "N" - NEWSPAPER AND PERIODICAL ADVERTISING | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE | "O" - OUTSIDE ADVERTISING | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | "F" - FUNDRAISING EVENTS | |

| NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) | IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW. | | |
|---|--|----|------------------------|
| | CODE | OR | DESCRIPTION OF PAYMENT |
| | | | AMOUNT PAID |
| | | | |
| | | | |
| | | | |

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$

Payments and Contributions Made Summary

| | |
|---|------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ 1975.53 |
| 2. Payments made this period of under \$100. (Do not itemize.) | \$ 15.00 |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) | \$ -0- |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) | \$ -0- |
| 5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) | TOTAL \$ 1990.53 |

**Schedule E
(Continuation Sheet)
Payments and Contributions
(Other Than Loans) Made**

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (cont.)

| | |
|--|---|
| Statement covers period from July 1, 1994 through Sept. 30, 1994 | CALIFORNIA 1994 FORM 490 Page 5 of 5 |
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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
David P. Warner

CODES FOR CLASSIFYING EXPENDITURES

| | | |
|---|---|--|
| "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" -- BROADCAST ADVERTISING "N" -- NEWSPAPER AND PERIODICAL ADVERTISING "O" -- OUTSIDE ADVERTISING | "G" -- GENERAL OPERATIONS AND OVERHEAD "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "I" -- INDEPENDENT EXPENDITURES "L" -- LITERATURE | "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS "F" -- FUNDRAISING EVENTS | "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |

| NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) | CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|-------------------------------|-------------|
| Strategic Research 4555 No. Pershing Avenue #33-388 Stockton, CA 95207 | | Voter Lists Precinct Lists | 572.50 |
| Postmaster 120 S. School Street Lodi, CA 95240 | | Postage | 222.78 |
| Photo Instant Print 222 W. Pine Street Lodi, CA 95240 | L | | 211.57 |
| Lodi Printing Company P. O. Box 479 Lodi, CA 95241 | L | | 591.55 |
| Abrahamson Printing 15A West Pine Street Lodi, CA 95240 | O | | 377.13 |

SUBTOTAL \$ 1975.53